

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36580

State File No.

8809

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County.....
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAMELouis Freise3. (b) If veteran,
name war.....3. (c) Social Security
No.....

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married,
divorced Widower.
6. (b) Name of husband or wife Mamie Freise. 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased August 20, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 15 ..hr. 6 ..min.

9. Birthplace St. Louis.
(City, town, or county) (State or foreign country)

10. Usual occupation Broom Maker.

11. Industry or business

12. Name Louis Freise.
13. Birthplace Dont Know.
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Dont Know.
15. Birthplace Dont Know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Ryan.
(b) Address 2521 Howard St.

17. (a) Burial. (b) Date thereof 11-7-41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) NOV 6 1941 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County E.C.
(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL") 9-20
(d) Street No. 1510a Elliot Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5.
year 1941 hour 3:00 minute..... P..... M.....

21. I hereby certify that I attended the deceased from November
3. 19 41. November 5. 19 41.
that I last saw him alive on November 5. 19 41.
and that death occurred on the date and hour stated above.

Immediate cause of death

Rheumatic heart disease
mitral stenosis
sen. arteriosclerosis
hypertension

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....

(Specify type of place)

(e) Means of injury

23. Signature Drew on Petersen (M. D. or other)
Address 1515 Lafayette Ave. Date signed 11/5/41

017 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 27 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address. *3840 Russell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.